Indiana State Police Clandestine Laboratory Occurrence Report This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	03/13/2014	Address:	9087 W 330 N	
Incident #:	14ISPC002089		Dephi, IN	
County:	Carroll		46923	
Type of Laboratory Seizure (check one) Seizure Location (check all that apply)				
☑ Operational Lab☐ Chemical/Glassware/Equipment (only)☐ Dumpsite (only)		Residence Outbuilding Vehicle	☐ Hotel/Motel ☐ Open – No Structure ☐ Other:	
(check all that	l: Location (bedroom, kitchen, open air, apply) or Birch Reaction(s): Freezer	<u>etc)</u>		
Red Phosphorous/Iodine Reaction(s):				
Hydrochloric Acid Gas Generator(s): Freezer				
Flammable Solvents:				
Water Reactive Metal (Lithium):				
Anhydrous Ammonia:				
Corrosive Acid: <u>Under sink</u>				
Corrosive Base: <u>Under sink</u>				
Other (ite	m and location):			
Vehicle Info	rmation:			
Owner: VIN: Year:		Make: Model:		
Child under age 18 discovered (check appropriate) Yes (number present) No Children not present but evidence they reside or visit often		Living condi unclean Estimated les occurring: 2	Living conditions of home: clean disarray unclean Estimated length of time manufacturing had been occurring: 2 months Additional Information:	
This report l	has been faxed* or emailed to the fo	ollowing agencies th	at serve the location:	
Health Depar	nent City, Township or County <u>Delphi</u> rtment County: <u>Carroll County</u> of Child Services Hotline: <u>dcshotlinere</u>	Fax: <u>765-5</u>		
	ormation regarding this methamphetar Officer: <u>K Wentland</u> Phon	mine laboratory, cont ne <u>765-567-2125</u>	tact	

*This form is to be faxed to the Fire Department, Health Department and/or Department of Child Services listed within 24 hours of scene processing.